



MOTOR CARRIER DIVISION
555 WRIGHT WAY
CARSON CITY, NV 89711-0600
(775) 684-4711
fax (775) 684-4619
www.dmvnv.com

You must complete this form if anyone other than yourself will be acting on your behalf

POWER OF ATTORNEY

Motor Carrier Account Number: _____ FEIN _____

Registered Name: _____

Doing Business As: _____

Address: _____

Telephone (____ - ____ - ____) Fax (____ - ____ - ____)

The following agent is authorized to provide and receive information and to perform any and all acts that I can perform as the registrant/taxpayer with respect to any Nevada Motor Carrier Division matters.

I would like all correspondence to be sent to:

Registrant/Taxpayer _____ Authorized Agent _____ Both _____

Authorized Agent: _____

Address: _____

Telephone (____ - ____ - ____) Fax (____ - ____ - ____)

This Power of Attorney authorizes the above named agent for the year 2007 to:

1. Sign and file all registration documents, special fuel, and motor fuel documents and tax forms.
2. Provide, receive, and discuss information regarding the above account.

I hereby certify the Nevada Department of Motor Vehicles, Motor Carrier Division is authorized to release to the above named authorized agent any and all information in their files with respect to any matters regarding the above account. I relieve the Department and their representatives of any liability related to the release of such information to the above named authorized agent. I understand this authorization does not absolve me, as the registrant/taxpayer, of the responsibility to ensure that all tax returns, taxes, and registration payments are filed and paid on time. Also, I understand this authorization replaces any prior authorization filed with the Department.

Authorized Registrant/Taxpayer signature (Required)

Printed name and title (Required)

Date (Required)

Signature of Notary or Authorized DMV Representative (Required)

Date (Required)